

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151519		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/29/2012	
NAME OF PROVIDER OR SUPPLIER JASPER COUNTY HOSPITAL HOME HEALTH CARE & HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 1104 E GRACE ST RENSSELAER, IN 47978			
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L 000	INITIAL COMMENTS This visit was for a hospice federal recertification and state relicensure survey. Survey Date: 2/24/12 - 2/29/12 Facility #: 006139 Medicaid Vendor: 200143970A Surveyor: Ingrid Miller RN, PHNS Census: 113 unduplicated admissions Quality Review: Joyce Elder, MSN, BSN, RN March 5, 2012 This survey was modified as the result of an IDR 4/5/12. j3			L 000			
L 501	418.52 PATIENTS' RIGHTS The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights. This STANDARD is not met as evidenced by: Based on home visit observation, clinical record review, policy review, and interview, the hospice failed to protect and promote the patient's right to dignity and personal privacy by 1 of 1 home health aide (Employee K) observed at a home visit with the potential to affect all the patients receiving care from employee K. Findings 1. On 2/27/12 at 9:50 AM, Employee K, a home			L 501			3/29/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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L 501	Continued From page 1 health aide (HHA), was observed to give a bed bath to Patient #1 in his/her residence. During the course of the bath, as the HHA assisted the patient in bathing, the patient was undressed and seated on the side of the bed covered only with a bath towel that failed to cover the patient adequately for privacy and modesty. The patient attempted to use the towel to cover private areas but the towel was not large enough to cover all the private parts. Frequently, during the course of the bath, the patient adjusted the towel but was unable to cover all the private areas. 2. Clinical record #1, start of care 12/6/11, evidenced a document titled "Patient rights and responsibilities" signed by the patient's caregiver and Employee D, a registered nurse (RN), on 12/6/11. This document stated, "You have the right to have your property and person treated with respect." 3. The agency procedure titled "Homemaker/Home Health Aide: Procedure: Personal care " stated, "General Guidelines ... Make sure the client is covered for warmth and privacy." 4. On 2/27/12 at 12:15 PM, Employee C, Registered Nurse, indicated Employee K failed to protect Patient #1's rights to dignity and privacy.			L 501			
L 502	418.52(a)(1) NOTICE OF RIGHTS AND RESPONSIBILITIES (1) During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal (meaning spoken) and written notice of the patient's rights and responsibilities in a language and manner			L 502			3/29/12

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L 502	<p>Continued From page 2 that the patient understands.</p> <p>This STANDARD is not met as evidenced by: Based on record review, interview, and policy review, the hospice failed to ensure the patient had received verbal and written notice of the patient rights prior to the start of care for 1 of 11 records (Clinical record #4) with the potential to affect all patients admitted to the hospice.</p> <p>Findings</p> <p>1. Clinical record #4, start of care 2/12/11, evidenced a patient's rights document signed by the patient's caregiver and Employee D, a registered nurse, on 2/13/12.</p> <p>2. The agency policy titled "Patient Rights" with a date of 12/2/08 stated, "During the initial assessment visit in advance of furnishing care the hospice must provide the patient or representative with verbal and written notice of the patient's rights."</p> <p>3. On 2/27/12 at 4:10 PM, Employee A, the director of nursing, indicated the rights had not been signed prior to the start of care.</p>			L 502			
L 578	<p>418.60 INFECTION CONTROL</p> <p>The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record and document review and interview, the hospice failed to ensure an</p>			L 578			3/29/12

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L 578	Continued From page 3 effective infection control program was maintained and documented for 1 of 1 hospice with the potential to affect all the hospice's patients. Findings 1. Clinical record #11, start of care 11/14/11, evidenced an order on 11/17/11 for Tobrex ophthalmic drops one drop to each affected eye four times a day x 5 days. 2. Review of agency documents failed to evidence the use of this antibiotic was monitored by a hospice infection surveillance program. 3. On 2/27/12 at 1:05 PM, Employee C, Registered Nurse, indicated the hospice does not monitor any infections except urinary tract infections through the Quality assurance performance improvement program and does not have a system wide infection control surveillance program in effect to monitor infections in patients or staff.			L 578			
L 579	418.60(a) PREVENTION The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This STANDARD is not met as evidenced by: Based on home visit observation, interview, and review of policy, the hospice failed to ensure the home health aide followed standard infection control practices including handwashing and barrier and bathing techniques while providing direct patient care in 1 of 1 home visit			L 579			3/29/12

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L 579	<p>Continued From page 4</p> <p>observations of a home health aide (#K) with the potential to affect all the patients receiving services from employee K.</p> <p>Findings</p> <p>1. On 2/27/12 at 9:50 AM, Employee K, a home health aide (HHA), was observed to give a bed bath to Patient #1 in his/her residence. Before giving the bath, Employee K washed hands with used bar soap at the residence and then dried with paper towels and donned gloves. After filling two basins with warm water, Employee K took the basins and bar soap in a soap dish to the patient's bedside table. After the patient washed his/her face and neck, Employee K washed the patient's arms, chest, abdomen, back, perineal area, buttocks, feet, and legs without changing the water or wash cloth. The patient's feet and hands were soaked in the basins during this procedure. The soap dish was placed on the floor during the foot wash without a barrier.</p> <p>2. The agency procedure titled "Homemaker/Home Health Aide: Procedure: Personal care" stated, "General Guidelines ... Wash from the cleanest area to the dirtiest. Start with the face and neck and end with the perineal area ... Change water as often as necessary ... Change the water for perineal care."</p> <p>3. The agency policy titled "Nursing Bag Policy" with a date of 10/25/11 and revised date of 2/27/12 stated, "Purpose: to prevent transfer of infection from home to home .. Everyone shall have handwashing supplies (alcohol, hand soap, paper towels)."</p>			L 579			

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L 579	Continued From page 5 4. On 2/27/12 at 12:15 PM, Employee C, Registered Nurse, indicated Employee K failed to follow the agency infection control and bathing policies.			L 579			
L 581	<p>418.60(b)(2) CONTROL</p> <p>[The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that-] (2) Includes the following: (i) A method of identifying infectious and communicable disease problems; and (ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record and document review and interview, the hospice failed to ensure an effective infection control program was in place for 1 of 1 hospice with the potential to affect all the hospice's patients.</p> <p>Findings</p> <p>1. Clinical record #11, start of care 11/14/11, evidenced an order on 11/17/11 for Tobrex ophthalmic drops one drop to each affected eye four times a day x 5 days.</p> <p>2. Review of agency documents failed to evidence the use of this antibiotic was monitored by a hospice infection surveillance program.</p> <p>3. On 2/27/12 at 1:05 PM, Employee C,</p>			L 581			3/29/12

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L 581	Continued From page 6 Registered Nurse, indicated the hospice does not monitor any infections except urinary tract infections through the Quality assurance performance improvement program and does not have a system wide infection control surveillance program in effect to monitor infections in patients or staff.			L 581			
L 625	<p>418.76(g)(1) HOSPICE AIDE ASSIGNMENTS AND DUTIES</p> <p>(1) Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the agency failed to ensure an aide assignment sheet was present in the home record for 1 of 3 home visits (clinical record 4) with aide services with the potential to affect all the agency's patients who received home health aide services.</p> <p>Findings</p> <p>1. On 2/28/12 at 8:30 AM, a home visit observation to #4, start of care 2/11/12, failed to evidence an aide assignment sheet in the patient's home folder. This patient lived in a residential facility.</p> <p>2. On 2/28/12 at 9:20 AM, Employee D, a registered nurse, indicated the patient's home folder failed to evidence an aide assignment sheet.</p>			L 625			3/29/12

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L 650	<p>418.100(a) SERVING THE HOSPICE PATIENT AND FAMILY</p> <p>The hospice must provide hospice care that-</p> <p>(1) Optimizes comfort and dignity; and</p> <p>(2) Is consistent with patient and family needs and goals, with patient needs and goals as priority.</p> <p>This STANDARD is not met as evidenced by: Based on home visit observation, clinical record review, policy review, and interview, the hospice failed to ensure care provided optimized comfort and dignity by 1 of 1 home health aide (Employee K) observed at a home visit with the potential to affect all the patients receiving care from employee K.</p> <p>Findings</p> <p>1. On 2/27/12 at 9:50 AM, Employee K, a home health aide (HHA), was observed to give a bed bath to Patient #1 in his/her residence. During the course of the bath, as the HHA assisted the patient in bathing, the patient was undressed and seated on the side of the bed covered only with a bath towel that failed to cover the patient adequately for privacy and modesty. The patient attempted to use the towel to cover private areas but the towel was not large enough to cover all the private parts. Frequently, during the course of the bath, the patient adjusted the towel but was unable to cover all the private areas.</p> <p>2. Clinical record #1, start of care 12/6/11, evidenced a document titled "Patient rights and responsibilities" signed by the patient's caregiver and Employee D, a registered nurse (RN), on 12/6/11. This document stated, "You have the</p>			L 650			3/29/12

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L 650	Continued From page 8 right to have your property and person treated with respect."			L 650			
L 764	<p>3. The agency procedure titled "Homemaker/Home Health Aide: Procedure: Personal care " stated, "General Guidelines ... Make sure the client is covered for warmth and privacy."</p> <p>4. On 2/27/12 at 12:15 PM, Employee C, Registered Nurse, indicated Employee K failed to protect Patient #1's rights to dignity and privacy. 418.112(c)(1) WRITTEN AGREEMENT</p> <p>The written agreement must include at least the following: (1) The manner in which the SNF/NF or ICF/MR and the hospice are to communicate with each other and document such communications to ensure that the needs of patients are addressed and met 24 hours a day.</p> <p>This STANDARD is not met as evidenced by: Based on policy and facility record review and interview, the hospice failed to ensure the residential facility record was marked with hospice identifying information for 1 of 1 observation of a patient (Patient #4) at a residential nursing facility with the potential to affect all the patients residing in a nursing facility.</p> <p>Findings</p> <p>1. On 2/28/12 at 8:30 AM, a home visit was made to patient #4. The patient's residential facility record was not marked with any hospice identifying information including names and</p>			L 764			3/29/12

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L 764	Continued From page 9 contact information for hospice personnel involved in hospice care and instructions on how to access the hospice 24 hour on call system. 2. On 2/28/12 at 9:20 AM, Employee D, a registered nurse, indicated the record was not clearly identified with hospice identifier information. 3. The agency policy titled "Hospice Coordination of services" with an effective date of 12/2/08 stated, "The hospice must provide for an ongoing sharing of information with other nonhospice healthcare providers furnishing services unrelated to the terminal illness and related conditions."			L 764			
L 781	418.112(e)(3) COORDINATION OF SERVICES The hospice must:] (3) Provide the SNF/NF or ICF/MR with the following information: (i) The most recent hospice plan of care specific to each patient; (ii) Hospice election form and any advance directives specific to each patient; (iii) Physician certification and recertification of the terminal illness specific to each patient; (iv) Names and contact information for hospice personnel involved in hospice care of each patient; (v) Instructions on how to access the hospice's 24-hour on-call system; (vi) Hospice medication information specific to each patient; and (vii) Hospice physician and attending physician (if any) orders specific to each patient. This STANDARD is not met as evidenced by:			L 781			3/29/12

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L 781	<p>Continued From page 10</p> <p>Based on policy and facility record review and interview, the hospice failed to ensure the residential facility record was marked with hospice identifying information for 1 of 1 observation of a patient (Patient #4) at a residential nursing facility with the potential to affect all the patients residing in a nursing facility.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. On 2/28/12 at 8:30 AM, a home visit was made to patient #4. The patient's residential facility record was not marked with any hospice identifying information including names and contact information for hospice personnel involved in hospice care and instructions on how to access the hospice 24 hour on call system. 2. On 2/28/12 at 9:20 AM, Employee D, a registered nurse, indicated the record was not clearly identified with hospice identifier information. 3. The agency policy titled "Hospice Coordination of services" with an effective date of 12/2/08 stated, "The hospice must provide for an ongoing sharing of information with other nonhospice healthcare providers furnishing services unrelated to the terminal illness and related conditions." 			L 781			